Spring/Summer 2006

Your WCSP Staff

- Joe Grandpre, PhD, MPH
- Monica Asher-Davis, BS
- Deb Broomfield, BS
- Berna Glassman, CTR (newsletter editor)
- Patti Reese, CTR
- **Eunice Schleicher**
- Ginger Anderson
- Jessica Perez

This Issue:



Commit to your health. visit healthywyoming.org

Wyoming Cancer Surveillance Program (WCSP)

The Primary Sight

In addition to St. Patrick's Day, **March is Colorectal Month**



Colorectal cancer (which includes cancer of the colon, rectum, anus and appendix) is the second leading cause of cancer-related deaths in the United States. This year nearly 131,000 Americans will be diagnosed with colorectal cancer and 56,000 will die.

March is Colorectal Month	1	
Cancer Registrars - Advocates in Action	1	Risk Factors: Family history
What Does it Mean to be a Professional Registrar?	2	Certain famil
Documenting Race & Ethnicity - WHY?	2	Ethnic backgr pean descent)
Celebrating a Day of Hope	2	Previous colo History of pol
Cancer Case Reporting	3	History of bov
Reference Books	3	Age Diet
Mark Your Calendar	3	Lack of exerci
*Newsletter submis-		Overweight

sions are invited!!!*

ily syndromes (Familial or

cound (Jews of Eastern Euro-

rectal cancer

lyps

wel disease (Crohn Colitis)

ise

Smoking

Alcohol

How is Colorectal Cancer Found:

Stool blood test

Flexible sigmoidoscopy

Colonoscopy

Barium enema

For additional information:

Take a "tour" through the super colon at web address www.preventcancer.org/colorectal/

Abstracting Tip

When using a colonoscopy report to obtain a colorectal cancer diagnosis date, remember to identify words definitive of a diagnosis (Collaborative Staging Manual, Page 20)

"Cancer Registrars-Advocates in Action"



Celebrate Your Work; Celebrate Yourself!

National Cancer Registrars Week is April 3-7.

Quality cancer data is central to the nation's anti-cancer efforts. Cancer registrars, working alongside medical records staff, pathol-

ogy lab staff and physicians, are the first link in capturing data on patients diagnosed with cancer.

The Wyoming Cancer Surveillance Program could not maintain its high standards of completeness, timeliness and accuracy without your partnership.

Thank You!

Education to the registrar



tus—Without water,

What Does it Mean to be a Professional Cancer Registrar?

What does it mean to be a differences. Cancer Registrars Professional Registrar? A what he or she does as a profession. According to the Oxford American Dictionary, a profession is an occupation, especially one that involves branch of advanced learning. The occupation of Cancer Regto take an exam demonstrating knowledge to become certified. The Professional Registrar should strive to make advances

need to be an involved part of registrar needs to consider their profession on any levelof ourselves increases the lifeinsures growth and learning, plus enhances camaraderie. knowledge and training in a Being a Professional Registrar means approaching education as a life-long opportunity. istrar certainly complies with Education to the Registrar is this definition, based on the like water to a cactus. Yes, it ongoing training and education will continue to exist without registrars achieve, plus having it, and will not necessarily shrivel up and die, but without water it will never flower. Without education, we can still do our jobs, we can still be in the field of cancer care, no productive, but what we do will matter how large or small the never be considered a profes-

sion, never cause us to flower. This is what being a Professional Registrar is all about: local, state, national. Giving belief in our occupation as a profession, making a contribublood of our organizations and tion, giving of ourselves, and continuing our education. we indoctrinate another crop of Registrars into our numbers, we should pass these attributes on to them so they can continue to be able to answer the question. "What does it mean to be a Professional Cancer Registrar?"

> -Lynn Lutwin, 2004 NCRA Annual Conference Scholarship winner submitted by Monica Asher-Davis, BS, WCSP (from NCRA's "The Connection")

Documenting Race & Ethnicity In Our Abstracts—WHY?

By changing the way they gather information about their patients' race and ethnicity, doctors could improve efforts to eliminate race -linked gaps in health care, a U.S. study shows. Patients who were asked to describe their race and ethnicity were less likely to select "unknown" or "other" if given the opportunity to be specific. Dr. David Baker, of Northwestern University, and his colleagues found that asking patients to describe their race and

ethnicity took an average of 37 seconds, just 17 seconds longer than the average time for completing the questions. Collecting patient information this way may also help healthcare professionals quickly identify and respond to emerging trends among very specific racial and ethnic groups, the researchers said. They noted that research has shown that racial and ethnic minorities in the United States often received a lower quality of

health care than whites. "The first step toward addressing this problem is for healthcare providers to routinely collect data on patients' race, ethnicity and language, and link these data to measures of quality, safety and utilization," the researchers wrote.

US Dept. of Health & Human Svcs., www.womenshealth.gov

Submitted by Betty Sones, WY Dept. of Health



The Daffodil represents the hope of a world free from cancer and gives determination to those who are impacted by cancer (ACS)

Celebrating a Day of Hope

The American Cancer Society involved with cancer-related (ACS) in conjunction with the Wyoming Comprehensive Can-Control Consortium (WCCCC) celebrated, "A New Day of Hope: Celebrating the 2006-2010 Wyoming Cancer Control Plan." On March 2, 2006, cancer patients, survivors, caregivers, medical providers, Department of Health employees and many others

efforts in Wyoming, gathered WY Dept. of Health and the at the State Capitol to celebrate hope, progress, and answers in the fight against cancer. With ongoing statewide partnership and efforts, we can work collaboratively to decrease some of the access and insurance issues that we see as barriers to obtaining healthier Wyoming communities. Please get involved.

For further information, contact Kimberly Rogers, WY Comprehensive Cancer Control Program Manager, 307-777-8609

Cancer Case Reporting

It is that time of year-AGAIN. For those of you who have submitted all of your 2005 cases, we thank you. In follow up to our recently mailed 2005/06 case reporting reminder letters, please note that the deadline for submitting vour year 2005 cancer cases diagnosed and/or treated at your facility is September 30, 2006.



Cancer cases diagnosed and/or treated at your facility <u>January 1</u>– <u>June</u> 30, 2006 are also due.

In the not-too-distant future, you may hear our cheerful voices on the telephone calling to make appointments for spring and/or summer case finding and/or reabstracting at your facility. Your hospitality has always been appreciated. We look forward to our visits to your facility!

Reference Books for Registrars

Altman, Robert & Michael Sarg, MD. <u>The Cancer Dictionary, Revised Edition</u>. New York: Checkmark Books, 2000.

Hutchinson, Carol, et al, eds.

<u>Cancer Registry Management,</u>

<u>Principles & Practice, 2nd Edition.</u>

Virginia: NCRA, 2000.

Lenhard, Raymond, Jr., MD, et al. <u>Clinical Oncology</u>. Vermont: American Cancer Society, 2001.

Pagana, Kathleen, PhD & Timothy Pagana, MD. Mosby's Diagnostic & Laboratory Test Reference, 7th Edition. Missouri: Mosby, 2003.

Tortura, Gerald, PhD and Sandra Grabowski, PhD. <u>Principles of Anatomy & Physiology</u>. New York: John Wiley & Sons, 2003.

Venes, Donald, MD, ed. Taber's Cyclopedic Medical Dictionary. Philadelphia: F. A. Davis, 2001.

"Prepare your mind to receive the best that life has to offer" —Ernest Holmes



► Mark Your Calendar ◀

Colorado Cancer Registrars Assoc. (CCRA) Spring Meeting: April 28, 2006; Denver Health; Denver, Colorado. Contact: Shirley Delmont, RHIT, CTR, Littleton Adventist Hospital; 303-734-8677

National Cancer Registrars Assoc. (NCRA) Educational Conference: May 5-8, 2006; Washington, DC. Contact: see website www.ncra-usa.org

North American Association of Central Cancer Registries (NAACCR) 2006 Conference: June 10-16, 2006; Regina, Saskatchewan. Contact: Jan Conway, NAACCR; 217-698-0800, Ext. 1, or see website www.naaccr.org

Wyoming Cancer Surveillance Program (WCSP) Annual Meeting: June 21-22, 2006; St. John's Medical Ctr., Jackson, Wyoming. Contact: Patti Reese, CTR, WCSP; 307-777-6298; Laurie Boss, St. John's Hospital; 307-739-7572

UUIC World Cancer Congress: July 8-12, 2006; Washington, DC. <u>Contact</u>: for information, see website www.worldcancercongress.org

Wyoming Cancer Surveillance Program

6101 Yellowstone #259A Cheyenne, WY 82002

Phone: 307-777-7951 (main phone number)
307-777-7663 (Berna)
Fax: 307-777-3419
E-mail: bglass@state.wy.us

We're on the Web!

http://wdh.state.wy.us/wcsp